

Gallery Expenses					
Name:				Gallery Location:	
Email:				Approved by:	
Card ID (last 4 digits)				Purpose:	
Expenses					
Category	Dates	Payment Method	Details	ACSWF Card Payments	Out of Pocket Expenses
Gallery Supplies					
Office Supplies					
Reception Supplies					
Gallery Equipment					
Conference fees					
Subscriptions					
Other Expenses				Totals:	\$0.00
				Reimbursement Total:	\$0.00
NOTES:					

Signature			Date
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